

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SR		5-2-01
O.I.P.E. CLASSIFIER		59	5/3/1
FORMALITY REVIEW	MW	920	06-26-01
RESPONSE FORMALITY REVIEW	SC	809	8-10-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	4 6 1 5
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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10/2/01  
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